

STATE OF DELAWARE
HISTORIC PRESERVATION TAX CREDIT APPLICATION
PART 3 - REQUEST FOR CERTIFICATE OF COMPLETION

DE SHPO OFFICE USE ONLY

NPS No. (if applicable):

Project No:

Instructions: Upon completion of the rehabilitation, return this form with representative photographs of the completed work (both exterior and interior views) to the Delaware State Historic Preservation Office. If a Part 2 Application has not been submitted in advance of project completion, it must accompany this Request for Certificate of Completion. Include attachments as noted on back of form. Type or print clearly in black ink.

1. NAME OF PROPERTY: _____
Address: _____
City: _____ County _____ State _____ Zip _____

2. DATA ON REHABILITATION PROJECT:

Rehabilitation work began on: _____ Rehabilitation work was completed on: _____

For approved phased projects, indicate: Phase _____ of _____ Projected Project Completion Date: _____

Part 2 Application approved on: _____ Credit Award Issued to Project: \$ _____ Date of Award: _____

"Qualified" expenditures attributed solely to the rehabilitation of the historic structure, allowable new construction, and allowable site work: _____

3. APPLICANT:

I hereby apply for a Certificate of Completion for the rehabilitation carried out under the State of Delaware Historic Preservation Tax Credit Program. I hereby attest that the information provided is, to the best of my knowledge, correct, and that in my opinion the completed rehabilitation meets the *Secretary of the Interior's Standards and Guidelines for Rehabilitation* and is consistent with the work described in the Part 2 Certification of Rehabilitation Application.

Name: _____ Signature: _____ Date: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ E-mail (optional): _____

4. TAXPAYER CLAIMING CREDIT: (space for additional names on reverse)

Name: _____ Signature: _____ Date: _____

Organization: _____

Social Security or Taxpayer Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ E-mail (optional): _____

DE SHPO Office Use Only

The DE SHPO has reviewed the Historic Preservation Tax Credit Application, Part 3 - Request for Certificate of Completion for the above-listed Certified Historic Property and has determined that the completed rehabilitation, or phase thereof, **is not consistent** with the *Secretary of the Interior's Standards and Guidelines for Rehabilitation*, nor is it compatible with the historic character of the property or the district in which it is located. The Delaware Division of Revenue has been notified of this decision.

Date Delaware State Historic Preservation Officer DE SHPO Office Reviewer/Telephone No.

CERTIFICATE OF COMPLETION

The DE SHPO has reviewed the Historic Preservation Tax Credit Application, Part 3 - Request for Certificate of Completion for the above-listed Certified Historic Property and has determined that the completed rehabilitation, or the completed previously approved phase thereof, **is consistent** with the *Secretary of the Interior's Standards and Guidelines for Rehabilitation*, and is compatible with the historic character of the property or the district in which it is located. Effective the date indicated below a Certificate of Completion is awarded: ____ for the completed rehabilitation, **or** ____ for the completion of the rehabilitation of Phase ____ of ____.

Date Delaware State Historic Preservation Officer DE SHPO Office Reviewer/Telephone No.

REQUEST FOR CERTIFICATE OF COMPLETION, continued

DE SHPO Project No.

Additional Taxpayers:

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Social Security or Taxpayer Number: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Social Security or Taxpayer Number: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Social Security or Taxpayer Number: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Social Security or Taxpayer Number: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Social Security or Taxpayer Number: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Social Security or Taxpayer Number: _____

Attachments: _____ Final accounting of "qualified" expenditures
_____ If total of above is greater than \$100,000, a check in the amount of \$250, payable to the State of Delaware.
_____ Revenue Form 1811AC 0702
_____ Photographs
_____ Information relating to conditions placed on the Certification of Rehabilitation